

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000987

Entity Name: THE WILLIAM J. VON LIEBIG FOUNDATION INC.**Current Principal Place of Business:**C/O SUZANNE VON LIEBIG
969 FIFTH AVENUE 5TH FLOOR
NEW YORK, NY 10075**Current Mailing Address:**C/O LYNN COLEMAN
P.O. BOX 65
BELLEVIEW , FL 34421 US**FEI Number:** 31-1470886**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PASSIDOMO, JOHN M ESQ.
821 FIFTH AVENUE SOUTH
NAPLES, FL 34102 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** JOHN M. PASSIDOMO

04/26/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DPS	Title	DIRECTOR, VICE-PRESIDENT
Name	VON LIEBIG, SUZANNE	Name	ENNIS, MICHAEL
Address	P.O. BOX 65	Address	P.O. BOX 65
City-State-Zip:	BELLEVIEW FL 34421	City-State-Zip:	BELLEVIEW FL 34421
Title	DIRECTOR	Title	DIRECTOR, TREASURER
Name	DIMOND, SCOTT	Name	COLEMAN, LYNN
Address	P.O. BOX 65	Address	PO BOX 65
City-State-Zip:	BELLEVIEW FL 34421	City-State-Zip:	BELLEVIEW FL 34421
Title	DIRECTOR		
Name	PARKE FREMLIN, GRACE		
Address	PO BOX 65		
City-State-Zip:	BELLEVIEW FL 34421		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUZANNE VON LIEBIG**PRESIDENT**

04/26/2024

Electronic Signature of Signing Officer/Director Detail

Date